

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/019,356
	Filing Date	May 21, 2002
	First Named Inventor	Slater, Michael
	Title	METHOD FOR IDENTIFYING PRE-NEOPLASTIC AND/OR NEOPLASTIC STATES IN MAMMALS
	Art Unit	
	Examiner Name	
	Attorney Docket Number	027281-000500US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number:

20350

OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:

OR

The address associated with Customer Number:


OR

Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Email		

I am the:
Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06).

SIGNATURE of Applicant or Assignee of Record

Signature		Date	28 th Nov 2008
Name	JULIAN A. BADDEN	Telephone	02 9490 8280
Title and Company	of BIOSCEPTRE PTY LTD		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of 1 forms are submitted.